

REQUEST FOR CONFIRMATION OF
CHILD'S STATUS AS INDIAN

(Send request to ICWA office(s) or
Department of Interior.)

TO:

1 ATTACH COPY OF BIRTH CERTIFICATE

Γ ATTACH COPY OF THE COURT PETITION WHEN APPLICABLE

Γ COMPLETE ENTIRE FORM:

Γ IF ITEM IS NOT KNOWN, MARK "UNK"

Γ IF ITEM IS NOT APPLICABLE, MARK "N/A"

Γ IF INDIAN ANCESTRY IS TRACED THROUGH ONLY ONE BIRTH PARENT,
THE SECTION OF THIS FORM REGARDING THE HISTORY OF THE OTHER
BIRTH PARENT SHOULD BE MARKED AS "N/A"

DATE OF REQUEST
CASE NUMBER
ANONYMITY REQUESTED BY CHILDREN'S PARENTS(1) <input type="radio"/> YES <input type="radio"/> NO

CHILD'S NAME	SEX	BIRTHDATE(MO/DAY/YR)	BIRTHPLACE(CITY, STATE)
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CHILD'S FAMILY HISTORY

NAME (INCLUDE BIRTH NAME AND/OR ALL NAMES KNOWN BY)	BIRTHDATE	BIRTHPLACE (CITY, STATE, AND/OR RESERVATION)	TRIBAL AFFILIATION AND LOCATION (TRIBE, BAND AND RESERVATION) (2)	ENROLLED IN TRIBE? (YES, NO, OR UNKNOWN)	ENROLLMENT NUMBER OR HOME AGENCY
BIRTH MOTHER					
MATERNAL GRANDMOTHER					
MATERNAL GRANDFATHER					
BIRTH FATHER					
PATERNAL GRANDMOTHER					
PATERNAL GRANDFATHER					
MATERNAL GREAT GRANDPARENTS					
PATERNAL GREAT GRANDPARENTS					
IS BIRTH FATHER NAMED ON BIRTH CERTIFICATE? <input type="radio"/> YES <input type="radio"/> NO	IF NOT, HAS BIRTH FATHER ACKNOWLEDGED PATERNITY? <input type="radio"/> YES <input type="radio"/> NO		IF NOT, WAS BIRTH FATHER'S PATERNITY ESTABLISHED? (3) <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK		

REMARKS (4)

SEND CONFIRMATION TO :

AGENCY NAME	WORKER NAME	TELEPHONE NUMBER
AGENCY ADDRESS		

TO AID IN THE PROCESSING OF THIS FORM, ANSWER EVERY QUESTION.

1. **Anonymity Requested**

To ensure that a parent's relationship with his/her Tribe is not jeopardized, every precaution will be taken, if the parent(s) request it, to preserve anonymity when making inquiries as to the child's Indian status.

2. **Tribal Affiliation and Location**

(check appropriate box (A or B) and answer questions which follow.

If not applicable, proceed to (C)).

<p>A. <input type="radio"/> 1906 Roll</p> <p>If a client alleges to be Cherokee, Choctaw, Chickasaw, Creek or Seminole ancestry from Oklahoma (the five civilized tribes), the name of a relative must be provided who might have been enrolled in the final roll prepared in 1906 by the Dawes Commission (referred to as the "1906 Final Roll.") To assist in determining descendency, answer the following questions:</p>	<p>B. <input type="radio"/> Roll of 1924</p> <p>If a client alleges to be of Cherokee ancestry, but from another state such as North Caroline, Georgia, Mississippi, or another southeastern area state, the client may be descended from the eastern band of Cherokees, to provide descendency from that tribe, one must be related to a person listed on the roll of 1924 for the East Band of Cherokees. To establish descendency, answer the following questions:</p>
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- 1.) Do you know the name of any Indian relative that was alive in 1906 or 1924 and might have been listed on either the "1906 Final Roll" or the "Roll of 1924"?

☐ Yes ☐ No ☐ Unknown If yes, name and relationship:

☐ 1906 Final Roll ☐ Roll of 1924

- 2.) Do you know where this relative was born, or at least the state of his/her birth?

☐ Yes ☐ No ☐ Not applicable If yes, place of birth:

- 3.) Can you furnish documents such as certificate of birth, death, marriage, or baptism that will prove your relationship to this person?

☐ Yes ☐ No ☐ Not applicable If yes, attach documents.

3. **Verification of American Indian Status**

Parents name: (Last, First, MI) _____

Child's name: _____

The following questions should be used to establish Indian ancestry or any person alleging Indian descent. Complete this form with family members and retain in case record.

- A.) Is your family a part of an Indian band or tribe? ☐ Yes ☐ No ☐ Unknown

If "Yes", name the band or tribe: _____

- B.) Do you have an enrollment number or certificate of Indian blood (CIB)? ☐ Yes ☐ No ☐ Unknown

If "Yes", list here: Enrollment Number: _____

- C.) Do any of your relatives/ancestors have an enrollment number or CIB? ☐ Yes ☐ No ☐ Unknown

Name	Relationship	Enrollment Number/CIB
_____	_____	_____
_____	_____	_____
_____	_____	_____

D.) Have you or any members of your family ever received services from the Bureau of Indian Affairs?

☐ Yes ☐ No ☐ Unknown If "Yes", complete the following:

Name	Relationship	Service	Date	Location
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

E.) Have you or any member of your family ever attended an Indian school? ☐ Yes ☐ No ☐ Unknown

If "Yes", complete the following:

Name	Relationship	Name of School	Date Attended	Location
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

F.) Have you or any member of your family ever received medical treatment at an Indian Health Clinic or Public Health Service Hospital? ☐ Yes ☐ No ☐ Unknown

If "Yes" complete the following:

Name	Relationship	Name of Family	Date Attended	Location
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

G.) Have you or any member of your family ever lived on federal trust land, a reservation, or a rancheria?

☐ Yes ☐ No ☐ Unknown

If "Yes", complete the following:

Name	Relationship	Location
_____	_____	_____
_____	_____	_____
_____	_____	_____

H.) Has birth father's paternity been established?

If the birth father is the only parent of Indian descent and is not the legal father and/or is not named on the birth certificate, a written paternity statement must be submitted with the referral to compute the child's Indian blood degree.

4.. **Remarks**

Use this space to note any additional information that may be of assistance in establishing the child's Indian ancestry (e.g., extended family members).

Parent/Client Signature: _____ Date _____

